

Client Acknowledgement Form

I hereby attest to the following:

- 1) I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for any federal, provincial or municipal agency on a mission of entrapment or investigation.
- 2) I fully understand that Registered Holistic Nutritionist & Registered Holistic Allergists are **not** medical doctors and I am not here for medical diagnostic or treatment procedures.
- 3) The services performed by INTENT Nutrition & Lifestyle Consulting are at all times restricted to consultation on the subject of nutritional matters or the sensitivities to various substances, for building wellness and does not involve the use of scratch tests, needles or blood tests to verify the client's sensitivities or intolerances to foods or environmental substances. All testing is done for experimental or educational purposes only and does not involve the diagnosing, prognosticating, treatment or prescribing of remedies for the treatment of disease or any act which will constitute the practice of medicine in this province in which a license is required.
- 4) In natural healing methods, it is not necessary to pinpoint disease. Nature heals when the body is normalized and natural foods and supplements are taken in place of toxin-producing substances. We believe it is not important to name diseases. It is much more important to start individuals back on the road to proper nutrition and other healthful habits.
- 5) The client should **not** for any reason, ingest or expose himself/herself to any substance that he/she has previously been diagnosed as allergic or anaphylactic by a qualified physician/allergist unless he/she has first been given consent by a qualified physician/allergist.
- 6) Program compliance is required for guaranteed results.
- 7) The decision to follow any recommendations made rests solely with the undersigned.

Print Name _____

Signature _____

Date _____